

# Characteristics of Participants in a Large Group Awareness Training

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A study was conducted to assess the psychosocial characteristics of individuals who become involved in large group awareness training (LGAT) programs. Prospective participants in The Forum, which has been classified as an LGAT, were compared with nonparticipating peers and with available normative samples on measures of well-being, negative life events, social support, and philosophical orientation. Results revealed that prospective participants were significantly more distressed than peer and normative samples of community residents and had a higher level of impact of recent negative life events compared with peer (but not normative) samples. Prospective participants also held preparticipation values more similar to those espoused by the LGAT than peer or normative samples, and the three groups failed to be distinguished by their levels of social support. The implications of the findings are considered for understanding participation in LGATs and other self-change promoting activities.

Large group awareness training programs (LGATs; e.g., *est*, Lifespring, and the Forum) were first offered to the American public in the early 1970s at the same time the encounter group movement was declining (Back, 1978). Since then, LGATs have attracted hundreds of thousands of participants.<sup>1</sup> They have also generated a great deal of controversy both in the general public and in the psychological community (see Conway & Siegelman, 1978; Finkelstein, Wenegrat, & Yalom, 1982; Fisher et al., 1989; Haaken & Adams, 1983; Lieberman, 1987).

In general, LGATs espouse the idea that people are capable of changing their lives, not so much by modifying their external circumstances, but by changing the way they interpret them (Berger, 1977; Erhard & Gioscia, 1978). Often, LGATs focus on

philosophical themes related to personal responsibility, integrity, and commitment. Their programs usually involve groups of participants gathering in large rooms for 2 weekends or 5 successive days. Participation often involves didactic presentations, dialogues between members of the audience and a group leader, demonstrations, and structured exercises. Although LGATs are concerned with personal efficacy, they do not present themselves as forms of psychotherapy. Rather, they typically define themselves as growth experiences designed "for the already successful, the already healthy, the already accomplished" (Forum, 1986, p. 6). In most cases, LGAT participants are encouraged to register for additional seminars offered by these organizations. (For more specific information on the content and procedures of some LGATs, see Bry, 1976; Emery, 1977; Erhard & Gioscia, 1977; Winstow, 1986.)

Little research has been directed toward understanding the reasons why individuals choose to participate in LGATs. Yet because of the large number of people participating in these activities, this may be an important task for clinical and community psychology (cf. Finkelstein et al., 1982). An initial step in studying participation in LGATs involves understanding the demographic background of LGAT participants. According to several studies (*est*, 1980; Lifespring, 1986; Ornstein, Swencionis, Deikman, & Morris, 1975 [re-analyzed by Tipton, 1982]), LGAT participants appear to be relatively homogeneous on a number of variables: Their ages typically range between 20 and 45, most have at least some college education, and as a group they have above average income levels. The majority are White, and women slightly outnumber men. The proportion of single, divorced, or separated persons is also higher than in the general population (Tipton, 1982).

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<sup>1</sup> Although psychologists have often classified LGATs as a generic group (see Finkelstein et al., 1982), and although this classification does have considerable heuristic value, it must be kept in mind that each of these interventions is unique.

Less is known about the motivations behind participation in LGATs. Nonetheless, a number of related hypotheses have been offered by various authors. The first is that persons who join LGATs are psychologically distressed and are seeking a problem-solving or therapeutic encounter to alleviate their difficulties. This possibility has been stated or implied by several observers of LGATs and other personal change groups (Conway & Siegelman, 1978; Fenwick, 1976; Haaken & Adams, 1983; Hierich, 1977; Rome, 1977), although no empirical data have been brought to bear to support it. A derivation of this hypothesis is that high levels of negative affective states, life dissatisfaction, and psychological distress should be present in LGAT participants prior to participation.

A second hypothesis that has been proposed is that LGAT participants may be seeking a context in which to cope with recent negative life events such as divorce or job loss (Fenwick, 1976; Haaken & Adams, 1983). According to this hypothesis, prospective participants, relative to nonparticipants, should have experienced a higher rate of such life events and should show higher levels of resultant stress.

A third hypothesis is that persons may choose to participate in LGATs because they offer social contact. Some might be looking for companionship because of a long-term absence of support, recent support losses, or the desire to broaden their social networks. Thus, social companionship may be a desirable end product in and of itself. This need is assumed to be more evident when traditional primary networks such as family and friends are unavailable or unsatisfactory (Back, 1972; Coleman, 1970; Fisher, Goff, Nadler, & Chinsky, 1988; Lieberman, Yalom, & Miles, 1973; Marx & Ellison, 1975; Schur, 1976).

Finally, it may be the case that some individuals may choose to participate in LGATs because they are attracted to the philosophical, ethical, and psychological messages espoused by these groups, such as self-exploration and personal responsibility. In effect, people may wish to use these groups in order to reinforce and extend beliefs and values to which they are already attracted. (See Rabinowitz, 1978; Spiegel, 1983; Stone, 1981; and Tipton, 1982, for analyses of the philosophical orientations and values promoted by LGAT groups.) A derivation of this hypothesis is that prospective LGAT participants more than nonparticipants should endorse values and philosophical orientations congruent with those espoused by LGATs.

Our report describes analyses of data from a large-scale longitudinal study designed to examine the psychological effects of participation in the Forum LGAT (see Fisher et al., 1989). Fortuitously, a consequence of this study was that it also enabled us to explore the psychosocial characteristics of prospective LGAT participants that are relevant to the hypotheses previously described and that might suggest why individuals participate in LGATs and why they continue their involvement with them. The four hypotheses were addressed by making three sets of comparisons. First, a group of prospective Forum participants were compared with a group of demographically similar, peer-nominated controls who had never taken an LGAT on measures of psychological distress, recent negative life events, levels of social support, and philosophical orientation. Prospective Forum participants were also compared with normative data, where available, on the measures of interest. Finally, comparisons were made between Forum participants who took only the initial seminar and others who continued their involvement

with Forum-sponsored programs, along the hypothesized dimensions. These final comparisons enabled us to examine the extent to which the hypothesized factors associated with initial LGAT participation might also be associated with long-term involvement.

## Method

### Subjects

*Prospective Forum participants.* Individuals from the community at large typically become involved with the Forum through interaction with an acquaintance who has already participated in it. Those interested in participating may register through the mail, by phone, or during organized "Introduction to the Forum" sessions. Subjects for the current study were recruited from a pool of individuals who had registered for the Forum through these means. This was accomplished by including a letter from the researchers in Forum registrants' registration packets, inviting their participation in our study.

Of the 685 registrants who received such letters, 224 declined to participate. Another 151 could not be reached by phone by the researchers to confirm their intent to participate and thus could not be included in the research. Several comparisons were ultimately conducted between those Forum registrants who participated in our study and all other Forum participants in the same geographic area during the same time period to look for indications for selective participation in our research. These involved comparisons of (a) number of hours in Forum-related activities after the completion of the Forum (a measure of involvement in the Forum), (b) family status (i.e., being married, single, divorced, or separated at the beginning of the Forum), (c) education level, and (d) income level. The comparisons yielded no significant differences between the two groups. On the basis of these data, there is no reason to assume that prospective Forum participants who participated in the research were different from Forum participants overall.

The subset of prospective Forum participants from the larger Fisher et al. (1989) study who were used as subjects in the current analyses consisted of 166 persons who ultimately completed the Forum and whose pretest scores were available.<sup>2</sup> Seventy-two additional persons for whom pretests were available but who registered for the Forum and subsequently canceled their registration and 14 additional persons whose pretest scores were available but who had prior LGAT experience were eliminated from the analyses. So were 58 additional subjects who had been randomly assigned to a "no pretest" condition and who were thus inappropriate for the present investigation.

*The comparison group.* The "peer nomination technique" (e.g., Sharp, 1985) was used to create a peer nominee comparison group that was comparable to the prospective Forum participants. Peer nominees were those individuals whom prospective Forum participants nominated as being "like themselves," from the same community, and of the same age and gender.

Letters from the researchers were sent to 244 peer nominees, of whom 32 refused to participate and 59 could not be reached within the designated time frame. Twenty-two nominees who had prior LGAT experience were excluded from the sample, leaving 131 eligible subjects who agreed to participate. Of these, 98 returned completed questionnaires.

### Procedure

As part of their registration packets, Forum registrants in a large northeastern city, between August and December of 1985, were sent a

<sup>2</sup> The design of the larger study (see Fisher et al., 1989) included three assessment points: a pretest, a posttest, and a follow-up measure. Only the pretest, reflecting subjects' standing on the hypothesized dimensions prior to Forum participation, was relevant for the present research.

letter informing them of a study on the quality of life in North America. The study was being conducted by researchers from the University of Connecticut and the University of Waterloo, Canada. Registrants were told that the researchers were contacting a representative cross-section of people for the research and that, among the segments of the population to be included in the study, persons participating in large group awareness trainings would be represented. Prospective subjects were told that the purpose of the research was "to contribute to an understanding of some factors affecting the quality of people's lives" and that "people will be asked how they have been feeling lately, how they spend their free time, and the impact of various life experiences." The context for the research was thus almost entirely dissociated from the LGAT intervention.

Forum registrants who did not wish to participate in the study were asked to return a postcard to the Forum office, and they received no further contact. The researchers phoned those persons who made themselves available for contact no later than 6 weeks prior to the Forum for which they had registered to verify their consent. Prospective subjects were promised anonymity and confidentiality and were offered \$15 in return for their participation. Subjects who agreed to participate were sent a packet of instruments to be completed at home and to be returned to the researchers by mail.

In the initial telephone call between the researchers and prospective Forum participants, the latter were asked to suggest other persons for participation in the quality-of-life research who were of the same age, sex, and from the same community as themselves, and whom they considered to be "like themselves." Participants were asked not to nominate their best friends or anyone from their household. The peer-nominated control group provided a unique opportunity to compare prospective LGAT participants with comparison others from their own immediate social environment whom they judged to be similar to themselves. The nominees were initially contacted by mail and asked to complete the questionnaires during the same time frame as Forum registrants. They were provided with a similar description of the study and its purpose and were offered an identical monetary payment.

### Measures of Psychological Distress

**Brief Symptom Inventory (BSI).** The BSI provides a measure of a person's subjective distress during the past week (Derogatis & Melisaratos, 1983). It has been validated as a fully adequate substitute for the widely used SCL-90 (Derogatis, 1977) and has demonstrated good psychometric properties (Derogatis & Spencer, 1982). The scale consists of three global indices of distress: the Positive Symptom Distress Index (PSDI), the Positive Symptom Total (PST), and the General Severity Index (GSI). The GSI, which combines information on the number of symptoms endorsed and their intensity and which has been recommended by the BSI authors as "the single best indicator of current distress level" (Derogatis & Melisaratos, 1983), was used for the purpose of the present investigation. Cronbach's alpha for the GSI was calculated to be .95 in our research. Derogatis and Melisaratos have published data on the GSI for several large-scale normative samples. These include a stratified random sample of 719 nonpatient subjects from the community and a sample of 1,002 heterogeneous psychiatric outpatients.

**The Affects Balance Scale (ABS).** The ABS (Derogatis, 1975) provides a measure of a person's affective experience. Respondents indicate the degree to which (from *never* to *always* on a 5-point Likert scale) they have experienced each of 40 different emotional states (e.g., joy, contentment, depression, and anxiety) during a 1-week period. The ABS yields separate scores for positive and negative affect as well as a total score (the difference between the positive and negative dimensions), only the latter of which was used in the present study. Cronbach's alpha for this measure was .92 in our research. Derogatis, Meyer, and Vazquez (1978) have provided normative data on a group of 57 college-

educated men comparable in age and socioeconomic status to our subjects.

**The Satisfaction With Life Scale.** This scale was created to measure subjects' satisfaction with various aspects of life. It was based on a shorter scale developed and validated by Andrews and Crandall (1976). Our revised scale contained a list of 15 life domains (e.g., financial or marital). Responses to each item were scored on a 7-point scale ranging from *delighted* to *terrible* and were summed to provide an overall index of life satisfaction. This index was used for our major comparison between prospective Forum participants and peer nominees. In addition, one item on the instrument required subjects to assess their satisfaction with "life as a whole." This item has been used as a global measure of well-being in quality of life surveys of American adults (Andrews & Withey, 1976), and a normative score was thus available. Cronbach's alpha was calculated to be .90 for our revised instrument.

**Perceived Occupational Stress Scale.** This scale provides information about people's feelings and attitudes toward their work (House, McMichael, Wells, Kaplan, & Landerman, 1979). For the purposes of our study, it was modified to include types of work done by homemakers and students. The work satisfaction index, which is the most relevant for our purposes, was used for the current analyses. This index contains four items (e.g., "All in all, how satisfied would you say you are with your work?"). Cronbach's alpha for this scale was .85.

### Measures of Negative Life Events

**The Life Events Scale (LES).** The LES was designed to assess life changes and the subjective impact associated with the change at the time of the event (Sarason, Johnson, & Siegel, 1978). The instrument includes a list of 47 common events, both positive and negative (e.g., marriage, death of a close family member, or changes in work situation). Subjects endorse those events they have experienced in the past year (and, in our research, those experienced in the last 5 years) and report their subjective recollection of the event's impact at the time it occurred. Our research also requested that subjects rate the impact the event currently had on them. Impact ratings were made on a 7-point bipolar scale with endpoints ranging from *extremely negative impact* (-3) to *extremely positive impact* (+3). Thus the LES enabled an assessment of the number of life experiences perceived by the subject as negative (number of events negatively signed) and their cumulative negative impact both *then* and *now* (sum of negative impact across events at each interval). Test-retest reliabilities for the negative events over a 5-6-week period were .56 and .88 (Sarason et al., 1978). Flannery (1985) provided normative data on this measure from 84 men and women attending adult evening college, similar in demographic characteristics to the subjects of the current study.

### Social Support

**The Norbeck Social Support Questionnaire (NSSQ).** The NSSQ, developed by Norbeck, Lindsey, and Carrieri (1981, 1983), was used as a multidimensional measure of social support. For our analyses, we used four indicators that were derived from it. First, respondents were asked to list up to 24 people who were important to them and to rate how much affection and how much affirmation they received from each. A third indicator was the frequency of contact with each network member. These three indices were calculated across all network members listed. A fourth indicator was the number of people listed with whom the subject was in contact one or more times per week. Norbeck et al. (1981, 1983) reported test-retest reliability ranging from .56 to .68 for a 9-month interval, as well as satisfactory concurrent and predictive validity for the NSSQ. Norbeck et al. (1983) provided normative information on their measure from a community sample of 136 men and women with demographic characteristics similar to the current sample.

## Philosophical Orientation

Observers of LGATs (Finkelstein et al., 1982; Shaw, 1977; Tipton, 1982; Yalom, 1980) have noted that such groups tend to stress the values of personal responsibility, self-awareness, and self-actualization. To tap these dimensions, a number of personality and attitudinal measures were used in our study: the Locus of Control Scale (Rotter, 1966), the Health Locus of Control Scale (Wallston, Wallston, Kaplan, & Maides, 1976), and a measure of attitudes toward personal improvement activities designed specifically for our research (Fisher et al., 1989).

**Locus of Control Scale.** The Internal-External (I-E) scale (Rotter, 1966) was used as a general measure of locus of control. After careful consideration and consultation with Rotter, the measure was shortened due to concern over possible reactivity to a 29-item forced-choice scale embedded in a large packet of measures. The shortened scale contained 14 forced-choice pairs, retaining the format of the original instrument. Internal consistency for our sample was .70, which is similar to that reported by Rotter. A normative score for the shortened scale was obtained from a group of 265 male and female students tested at the University of Connecticut (Meitlis, 1988).

**Health Locus of Control Scale (HLCS).** The HLCS is an 11-item scale used to assess an individual's belief about who or what controls his or her health—internal or external forces (Wallston et al., 1976). This scale compliments the I-E scale by measuring locus of control in the domain of health. Internal consistency for our sample was found to be .75. Normative data from two different samples, one comprising 279 male and female undergraduate students and the other comprising 101 community residents of mixed gender were reported by Wallston et al. (1976).

**The Attitudes Toward Self-Improvement Scale.** This scale was designed for our study to measure how strongly people believe in the utility of self-awareness activities (e.g., "I feel there is a deeper meaning to be found in life;" "When I have problems, I think self-awareness activities can help me"). The current research utilized an overall score derived from the scale's ten items. The average Cronbach's alpha was above .80, and test-retest reliability for tests administered 7 weeks apart was .78.

## Results

### Demographic Data

Demographic characteristics of the prospective Forum participants and the peer-nominee control group are presented in Table 1. Assessments of the initial comparability of these two groups indicated that they did not differ in whether or not they were living alone (or with family, friends, or a partner) or on gender, race, income, or education. The only significant difference between the two groups was in their patterns of religious belief,  $\chi^2(4, N = 235) = 15.53, p < .01$ . Prospective Forum participants appeared to be less religious than nominees (i.e., were more apt to endorse "none" under religious orientation).

### Psychological Distress

Our first hypothesis for why individuals might participate in an LGAT was that they could be experiencing elevated levels of psychological distress. Two separate multivariate analyses of variance (MANOVAs) using the four measures of distress (the GSI, the ABS, the Satisfaction With Life Scale, and the Job Satisfaction Scale) as a multivariate construct are presented in Table 2. The first multivariate analysis compared the scores of prospective Forum participants with those of the nominees. The second compared the scores of Forum participants who continued their involvement with the LGAT (e.g., who took addi-

Table 1  
Demographic Characteristics of Prospective Forum Participants and Nominees

Variable	Forum ( <i>n</i> = 147)	Nominee ( <i>n</i> = 88)
Living alone		
Yes	18.8%	13.5%
No	81.3%	86.5%
Gender		
Male	40.9%	32.4%
Female	59.1%	67.6%
Race		
White	94.6%	98.9%
Black	3.4%	1.1%
Hispanic	0.7%	
Asian	1.4%	
Religion		
Protestant	25.2%	24.7%
Jewish	6.8%	12.3%
Catholic	26.9%	38.4%
Other	11.9%	12.3%
None	32.8%	12.3%*
Annual family income		
Under \$8,000	4.3%	1.6%
\$8,000–\$12,000	9.8%	4.9%
\$12,000–\$20,000	19.6%	14.8%
\$20,000–\$30,000	18.5%	32.8%
\$30,000–\$50,000	27.2%	23.0%
\$50,000–\$75,000	8.7%	13.1%
More than \$75,000	12.0%	9.8%
Years of education		
<i>M</i>	14.90	14.86
<i>SD</i>	2.09	2.05

\*  $p < .01$ .

tional seminars) with the scores of those who did not. Finally, prospective Forum participants were compared with a number of normative samples.

The first MANOVA revealed that, compared with peer-nominated controls, prospective Forum participants reported more overall subjective distress, Hotelling's  $T^2(4, 201) = .05, p < .05$ . On the univariate level, Forum participants had significantly lower total ABS scores (positive minus negative affect),  $F(1, 204) = 4.83, p < .05$ , and less satisfaction with their occupations,  $F(1, 204) = 8.25, p < .005$ , than peer nominees. They also tended to have higher GSI scores,  $F(1, 204) = 3.46, p = .06$ .<sup>3</sup>

A second MANOVA compared Forum participants who took additional seminars with those who did not. The MANOVA was not significant, indicating that, overall, there were no substan-

<sup>3</sup> We assessed the possibility that these results were simply due to a willingness of prospective Forum participants to be more open about their problems. This was possible because the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) had been administered in the larger study (Fisher et al., 1989). In effect, a multivariate analysis of covariance was conducted, controlling for social desirability. The multivariate effect remained significant in this analysis, although there were some minor changes in the pattern of the univariate findings. The GSI difference became significant,  $F(1, 202) = 7.74, p < .01$ , and the job satisfaction difference failed to reach significance. Overall, it does not appear that the present findings are due simply to a greater willingness of prospective LGAT participants to be open about their problems.

Table 2  
*Differences in Distress*

Comparison group	General Severity Index <sup>a</sup>	Positive-negative affect <sup>b</sup>	Life satisfaction <sup>c</sup>	Job satisfaction <sup>d</sup>
Comparison between Forum participants and peer nominees				
Forum participants ( <i>n</i> = 127)				
<i>M</i>	0.67	22.99	4.58	5.35
<i>SD</i>	0.45	17.26	0.81	2.33
Nominees ( <i>n</i> = 79)				
<i>M</i>	0.55	28.25*	4.78	6.22**
<i>SD</i>	0.42	15.77	0.73	1.80
Comparison between noncontinuing and continuing participants				
Noncontinuing participants ( <i>n</i> = 39)				
<i>M</i>	0.72	18.54	4.43	5.08
<i>SD</i>	0.48	17.95	0.92	2.77
Continuing participants ( <i>n</i> = 39)				
<i>M</i>	0.59	26.69*	4.71	5.59
<i>SD</i>	0.43	15.36	0.71	1.97
Comparison between Forum participants and normative samples: Nonpatients and outpatients				
Forum participants ( <i>n</i> = 127)				
<i>M</i>	0.67			
<i>SD</i>	0.45			
Nonpatients ( <i>n</i> = 719)				
<i>M</i>	0.30***			
<i>SD</i>	0.31			
Outpatients ( <i>n</i> = 1,002)				
<i>M</i>	1.32***			
<i>SD</i>	0.72			
Comparison between Forum participants and normative sample: Community sample				
Forum participants ( <i>n</i> = 127)				
<i>M</i>		22.99		
<i>SD</i>		17.26		
Community sample ( <i>n</i> = 57)				
<i>M</i>		33.73		
<i>SD</i>		not available		
Comparison between Forum participants and normative sample: National sample				
Forum participants ( <i>n</i> = 93)				
<i>M</i>			4.72 <sup>e</sup>	
<i>SD</i>			1.25	
National sample ( <i>n</i> = 820)				
<i>M</i>			5.50***	
<i>SD</i>			1.1	

<sup>a</sup> Scores on this variable may range from 0 to 4. Higher scores indicate more distress.

<sup>b</sup> Scores on this variable may range from -80 to +80. Higher scores indicate less distress.

<sup>c</sup> Scores on this variable may range from 0 to 8. Higher scores indicate more satisfaction.

<sup>d</sup> Scores on this variable may range from 1 to 7. Higher scores indicate more satisfaction.

<sup>e</sup> An item measuring satisfaction with life as a whole was used for this comparison. Higher scores indicate more satisfaction.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

tial differences in psychological distress between individuals who continued their participation in the Forum and those who did not. Nevertheless, there was a univariate effect suggesting that continuing participants had higher total ABS scores (indicating less distress) than noncontinuing participants.

Comparisons of prospective Forum participants with available normative data (Derogatis & Melisaratos, 1983) revealed that Forum participants had levels of psychological distress on the BSI significantly above that of a community sample,  $t(844) = 6.10, p < .001$ , and significantly below that of an outpa-

tient psychiatric population,  $t(1127) = 8.95, p < .001$ . Forum participants also reported less satisfaction with life as a whole,  $t(911) = 5.77, p < .001$ , compared with a normative sample of adults (Andrews & Withey, 1976). In addition, their total ABS score was approximately one standard deviation below that of a community sample (Derogatis et al., 1978).

#### *Differences in Negative Life Events*

The second hypothesis was that the experience of negative life events might precipitate LGAT participation. Relevant data

Table 3  
Differences in Negative Life Events

Comparison group	No. of events in past year	Impact of events in past year, then <sup>a</sup>	Impact of events in past year, now <sup>a</sup>	No. of events in past 5 years	Impact of events in past 5 years, then <sup>a</sup>	Impact of events in past 5 years, now <sup>a</sup>
Comparison between Forum participants and peer nominees						
Forum ( <i>n</i> = 139)						
<i>M</i>	2.54	2.33	1.79	7.40	7.59	4.87
<i>SD</i>	2.67	3.23	2.65	6.35	8.60	5.34
Nominee ( <i>n</i> = 82)						
<i>M</i>	2.72	2.10	1.21	7.87	7.31	3.92
<i>SD</i>	2.40	2.45	1.94	5.84	8.12	5.56
Comparison between noncontinuing and continuing participants						
Noncontinuing ( <i>n</i> = 40)						
<i>M</i>	2.57	2.58	1.83	8.84	9.13	5.91
<i>SD</i>	2.77	4.40	3.42	6.23	9.45	7.08
Continuing ( <i>n</i> = 44)						
<i>M</i>	3.07	2.32	1.30	9.57	9.64	4.34
<i>SD</i>	2.82	2.84	1.92	7.11	10.51	4.41
Comparison between Forum participants and normative samples						
Forum men ( <i>n</i> = 38)						
<i>M</i>		4.11				
<i>SD</i>		5.67				
Normative men ( <i>n</i> = 24)						
<i>M</i>		3.42				
<i>SD</i>		4.13				
Forum women ( <i>n</i> = 55)						
<i>M</i>		2.55				
<i>SD</i>		3.21				
Normative women ( <i>n</i> = 60)						
<i>M</i>		6.08*				
<i>SD</i>		4.82				

<sup>a</sup> Higher numbers indicate more negative impact.

\*  $p < .001$ .

were obtained by creating two multivariate constructs representing the impact of negative life events in the past year and in the past 5 years. Both constructs contained a measure of the impact of the event both when it occurred and *now*. The results are presented in Table 3.

Multivariate comparisons between Forum participants and nominees revealed marginally significant differences between the two groups in the impact of negative life events experienced within the past year, Hotelling's  $T^2(3, 217) = .04, p = .056$ . However, there were no differences in the impact of negative life events experienced within the past 5 years. The higher impact score for events during the last year indicates that Forum participants were affected more by negative life events in the past year than nominees. No differences were found between prospective Forum participants who took additional seminars and those who did not on any of the measures. When Forum participants were compared with a demographically similar community sample of adults attending evening college (Flannery, 1985), only female Forum participants were found to have a significantly lower level of impact of negative life events,  $t(144) = 4.65, p < .001$ .

### Social Support

The third hypothesis was that a desire for social companionship, occasioned by lower levels of social support, would be as-

sociated with Forum participation. Relevant data are presented in Table 4.

No significant differences were found in reported levels of social support between Forum participants and nominees or between Forum participants who continued their involvement and those who did not. In addition, there were no significant differences in social support between a community sample (Norbeck et al., 1983) and prospective Forum participants.

### Philosophical Orientation

The final hypothesis was that prospective Forum participants would have a philosophical orientation similar to that espoused by the Forum (e.g., favorable attitudes toward self-responsibility and self-awareness). As can be seen in Table 5, prospective participants showed significant differences from nominees on the multivariate construct that tapped philosophical orientation, Hotelling's  $T^2(3, 217) = .10, p < .001$ . On a univariate level, comparisons between prospective participants and nominees revealed two significant differences: Forum participants were more likely to have positive attitudes toward self-awareness activities,  $F(1, 219) = 17.36, p < .001$ , and were more likely to believe that they were responsible for their health,  $F(1, 219) = 8.32, p < .005$ . No differences were found between pro-

Table 4  
*Differences in Social Support*

Comparison group	Number of friends contacted in the last week	Frequency of support contact <sup>a</sup>	Supportive affect <sup>b</sup>	Supportive affirmation <sup>b</sup>
Comparison between Forum participants and peer nominees				
Forum ( <i>n</i> = 93)				
<i>M</i>	6.41	42.47	101.63	93.70
<i>SD</i>	3.53	18.64	50.85	45.90
Nominee ( <i>n</i> = 67)				
<i>M</i>	7.51	44.87	101.05	92.23
<i>SD</i>	3.84	20.26	51.22	44.06
Comparison between noncontinuing and continuing participants				
Noncontinuing ( <i>n</i> = 45)				
<i>M</i>	6.73	40.93	93.63	86.36
<i>SD</i>	3.69	18.80	46.17	42.83
Continuing ( <i>n</i> = 47)				
<i>M</i>	5.94	43.26	108.51	99.61
<i>SD</i>	3.33	18.36	54.30	48.07
Comparison between Forum participants and normative samples				
Forum men ( <i>n</i> = 38)				
<i>M</i>		40.11	96.27	90.39
<i>SD</i>		19.41	53.57	49.86
Community men ( <i>n</i> = 47)				
<i>M</i>		44.02	91.51	86.94
<i>SD</i>		23.89	50.54	46.31
Forum women ( <i>n</i> = 55)				
<i>M</i>		44.11	105.34	95.99
<i>SD</i>		18.09	49.04	43.27
Community women ( <i>n</i> = 89)				
<i>M</i>		44.84	101.48	92.52
<i>SD</i>		18.31	44.65	40.64

<sup>a</sup> This variable is based on ratings accumulated across all network members on a 5-point scale ranging from *once a year or less* (1) to *daily* (5).

<sup>b</sup> This variable is based on ratings accumulated across all network members on a 5-point scale ranging from *not at all* (1) to *a great deal* (5).

spective Forum participants who took additional seminars and those who did not.

When compared with normative samples of college students and community residents (Wallston et al., 1976), prospective Forum participants reported significantly more internal health locus of control scores, approximately two standard deviations higher than both of these samples,  $t(324) = 19.71, p < .001$ ;  $t(240) = 14.91, p < .001$ , respectively. Forum participants also had significantly more internal locus of control scores on the Rotter (1966) I-E scale,  $t(415) = 4.12, p < .001$ , compared with a sample of college students (Meitlis, 1988).

### Discussion

The purpose of this study was to shed some light on why individuals may become involved initially with LGATs and why they may continue to participate in them. It is important to note that subjects' actual motivations for LGAT participation were not directly measured in the current research. Rather, the study assessed psychosocial characteristics of LGAT participants that were relevant to four hypotheses that have appeared in the literature regarding why people participate in LGATs.

The data suggest that prospective LGAT participants can be distinguished from their peers and community samples along two primary dimensions: higher levels of psychological distress

and a belief in a set of values that includes self-responsibility and self-awareness. The LGAT participants also appeared to have a somewhat higher level of impact of recent negative life events compared with the peer nominees but not compared with the normative sample. However, it should be noted that the levels of impact of negative life events reported in our study were generally very low. Thus, it can be concluded that this variable does not appear to distinguish participants from nonparticipants as strongly as psychological distress or philosophical orientation. Our data were not consistent with the hypothesis that LGAT participants have less social support than nonparticipants. In addition, we were able to find only minor pre-LGAT differences between Forum participants who continued their LGAT participation and those who did not.

One factor distinguishing prospective LGAT participants from nominees was their level of psychological distress. Overall, the data indicate that Forum participants were more distressed than the nominees and a community sample yet were less distressed than a clinical outpatient population. While it is commonplace to find that people seeking psychotherapy are more distressed than those who are not, there are very little, if any, empirical data indicating that somewhat higher levels of personal distress can also be found in persons who involve themselves in personal growth activities.

The other factor found to distinguish prospective LGAT par-

Table 5  
*Differences in Philosophical Orientation*

Comparison group	Attitudes toward self-improvement <sup>a</sup>	Locus of control <sup>b</sup>	Health locus of control <sup>c</sup>
Comparison between Forum participants and peer nominees			
Forum participants ( <i>n</i> = 134)			
<i>M</i>	29.05	9.37	50.19
<i>SD</i>	4.20	2.78	7.77
Nominees ( <i>n</i> = 87)			
<i>M</i>	26.43**	8.72	47.02*
<i>SD</i>	5.11	2.77	8.31
Comparison between noncontinuing and continuing participants			
Noncontinuing participants ( <i>n</i> = 42)			
<i>M</i>	28.64	9.05	49.74
<i>SD</i>	4.57	2.94	6.51
Continuing participants ( <i>n</i> = 41)			
<i>M</i>	29.95	9.73	50.29
<i>SD</i>	3.85	2.53	6.17
Comparison between Forum participants and normative sample: College students			
Forum participants ( <i>n</i> = 152)			
<i>M</i>		9.27	
<i>SD</i>		2.83	
College students ( <i>n</i> = 265)			
<i>M</i>		8.13**	
<i>SD</i>		2.51	
Comparison between Forum participants and normative samples: College students and community residents			
Forum participants ( <i>n</i> = 141)			
<i>M</i>			50.30
<i>SD</i>			7.97
College students ( <i>n</i> = 185)			
<i>M</i>			34.49**
<i>SD</i>			6.31
Community residents ( <i>n</i> = 101)			
<i>M</i>			35.93**
<i>SD</i>			7.11

<sup>a</sup> This variable may range from 1 to 40. Higher scores indicate more favorable attitudes toward self-awareness.

<sup>b</sup> This variable may range from 0 to 14. Higher scores indicate more internality.

<sup>c</sup> This variable may range from 1 to 66. Higher scores indicate more internality.

\*  $p < .01$ ; \*\*  $p < .001$ .

ticipants from nonparticipants was that their philosophical orientation was more similar to that of the LGAT. These findings provide support for the hypothesis that an initial congruence in philosophical orientation may be associated with an attraction to LGATs. When we bear in mind that the Forum endorses a philosophy consistent with a highly internal locus of control and self-exploration (Finkelstein et al., 1982; Shaw, 1977; Tipton, 1982; Yalom, 1980), it appears that even prior to their participation, prospective LGAT participants hold consistent beliefs (i.e., an orientation toward an internal locus of control and beliefs favoring self-exploration).

The issue of client-helper similarity/dissimilarity in philosophical orientation, particularly in conceptions of personal responsibility, has been highlighted in the psychotherapy literature. Past foci have mainly concerned the effects of such a match on therapy outcome (e.g., Abramowitz, Abramowitz, Roback, & Jackson, 1974; Best, 1975; Foon, 1985). Our study suggests that similarity in philosophical orientation may also play a role

when people are selecting an avenue for personal change (such as an LGAT, a particular psychotherapy, or a religious group). In such situations, they may be attracted to change methods congruent with their preexisting beliefs and values (cf. Brickman, Rabinowitz, Karuza, Coates, Cohn, & Kidder, 1982). Our findings suggest that individuals with a highly internal locus of control may be attracted to groups that stress personal causation and personal responsibility (see also Rabinowitz, 1978; Trice & Roman, 1970). Sociologists have obtained parallel findings demonstrating a relation between externality and new religions endorsing nonvoluntaristic worldviews (Glock & Piazza, 1981; Wuthnow, 1978). Thus, the match between perceptions of control and specific help-seeking modalities appears to hold for both ends of the control spectrum.

Taken together, the ability of distress and philosophical orientation to distinguish prospective LGAT participants from nonparticipants suggests a tentative model for explaining LGAT participation. Whereas psychological distress or dissatisfaction



with current circumstances may be what motivates individuals to seek an available change activity, the kinds of values and worldviews held by individuals may steer them toward a specific change modality (e.g., an LGAT). Here too, further research is needed to determine which beliefs distinguish those individuals who are attracted to different change modalities (e.g., LGAT vs. psychotherapy) and also to clarify the nature of the process in which potential change agents are reviewed and selected by the person seeking change (Fisher et al., 1988; Straus, 1979).

The implications that can be drawn from this study rely, to a large extent, on the nature of the comparisons that we were able to make. The primary comparison group, the peer nominees, was very similar to the LGAT participant group in demographic makeup and in social network characteristics. Because the nominees were initially selected by prospective Forum participants on the basis of their similarity to them, this group probably constitutes a conservative comparison group. Thus, it is possible that some potential differences between individuals who participate in LGATs and comparable individuals who do not may have been obscured (i.e., there may have been significant differences on dimensions other than those observed in this study). Nevertheless, due to the standardized nature of many of the questionnaires, comparisons with normative data were possible, and most of the findings were consistent across the two methods. This convergence gives considerable credence to the findings.

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